EXHIBIT C

FORM B10 (Official Form 10) (10/05)

UNITED STATES	BANKRUPICY COURT	Dis	IRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA Commerc	ıal Mortgage	Case Number 06-10725		, , , , , , , , , , , , , , , , , , , ,
NOTH This form st of the ease. A requ	nould not be used to make a claim for an admini- ticst for payment of an administrative expense ma	strative exp y be filed	ense arising after the commencement pursuant to 11 USC § 503	
Name of Creditor (T debtor owes money Morris Massry	he person or other entity to whom the or property)	else your givii	ck box if you are aware that anyone has filed a proof of claim relating to claim. Attach copy of statement g particulars	
Name and address of colors	where notices should be sent. in, Mazzotta & Siegel, P C		ck box if you have never received an ees from the bankruptcy court in this	
9 Washington Squ Albany, New Yorl Telephone number	x 12205	Chec addr the	ck box if the address differs from the ess on the envelope sent to you by court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of a identifies debtor	ccount or other number by which creditor	Che	ck here	led claim dated
☑ Money	old performed loaned I injury/wrongful death		Retiree benefits as defined in Wages salaries and compen Last four digits of your SS # Unpaid compensation for se from	sation (fill out below) rvices performed
2 Date debt was	as incurred	3	If court judgment, date obtain	ed
See reverse side Unsecured Nonp Check this beby your claim exceonly part of your c Unsecured Priorit Check this been titled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salaries days before filing obusiness whichever Contributions	priority \$ the claim ort obligations under 11 U S C \(\display 507(a)(1)(A) \(display 6000) \times earned with the bankruptcy petition or cessation of the debris earlier 11 U S C \(\display 507(a)(4) \) to an employee benefit plan - 11 U S C \(\display 507(a)(4) \)	which is	Secured Claim Check this box if your claim a right of setoff) Brief Description of Collate Real Estate Motor Value of Collateral Motor Value of Collateral Motor Value of Collateral Motor Value of Collateral Motor Secured claim if any \$1,802 Up to \$2 225* of deposits toward por services for personal family or \$507(a)(7) Taxes or penalties owed to governing Other Specify applicable paragramounts are subject to adjustment on with respect to cases commenced on the set of set of the secured of the secured of the secured of security and secured of the secured of security and secured of security and secured of security and s	eral r Vehicle Other— arges at time case filed included in 040 purchase lease or rental of property household use 11 U S C mental units - 11 U S C § 507(a)(8) oh of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter in or after the date of adjustment
5 Total Amou	nt of Claim at Time Case Filed	\$	\$1,802,040 (unsecured) (secured)	\$1,802,040 (priority) (Total)
interest or addi	if claim includes interest or other charges in ad tional charges	dition to th	e principal amount of the claim At	ach itemized statement of all
making this prod 7 Supporting D orders invoices agreements and	e amount of all payments on this claim has been of of claim ocuments Attach copies of supporting documents attach copies of running accounts control evidence of perfection of lien DO NOT SEN not available explain. If the documents are voluted to the copy of the proof of claim. Sign and print the name and title if any of the this claim (attach copy of power of attority).	nents such acts court ND ORIGI immous at illing of you the credito	as promissory notes purchase judgments mortgages security NAL DOCUMENTS If the tach a summary ir claim, enclose a stamped self	THIS SPACE IS FOR COURT USE ONLY ED JAN 09 2007 USA CMC
1/02/07	Segal, Goldman, Mazzotta & Siegel, P	C, attorne	eys for Morris Massry	1072501898

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NOTE See Reverse for List of Debitors and Case Number in the form should not be used to make a claim for an administrative expense may be filed pursuant to 11 U.S.C.§ 50.3 Name of Creditor and Address. Name of Creditor and Address. ALL SERRILL DR 837 TORRANGE CA 99503 TORRA	USA Commercial Mortgage Company 06-107		25-LBR	PEAN	CED O M Asses
This form should not be used to make a claim for an administrative expense intering after the commencement of the case A *request's payment of and instrumentative expense may be find pursuant to 11 U.S.C. § 503. MAINE OF CREATION and Address				10(1)	SEP 2 5 2006
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1 BASIS FOR CLAM Goods sold Goo			court	THIS SPAC	E IS FOR COURT USE ONLY
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2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filled See reverse side for important explanations WINSECURED NORPIRORITY CLAIM S Check this box if a) there is no collateral or inclined ascuring your claim is entitled to priority UNSECURED PRIORITY CLAIM Check this box if you relaim is secured by collateral (incliuding a right of set/off) Brief description of collateral X ■ Real Estate	Money loaned Connect Connection Connectica Connection Connectica C	Unpaid o	compensation for services pe	rformed from	
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DATE 9/22/06 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Lagrange Mullin Wallin	P O Box 911	1330 Eas	t Franklin Avenue		414512006
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	Claine Mullin	/ Elai:	ne P Mullin		1072500221

Case 06-10725-gwz Doc 8857-	3 En	tered 08/07/11 14:	13:04 Pa	age 4 of 12	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	tered 08/07/11 14: DOF OF CLAIM	,	ago : 0: 22	
Name of Debtor	Case Number		ĺ		
USA COMMERCIAL MORTGAGEO.	06	0-10725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request' for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to			
Name of Creditor and Address		your claim Attach copy of statement giving particulars	=		
RONALD DOUGLAS NEA	L	Check box if you have never received any notices from the bankruptcy court or	DO NOT EILE TH	IS PROOF OF CLAIM FOR	
22853 BOXWOOV LIN	V	BMC Group in this case	SECURED INTER	REST IN A BORROWER TH	
22853 BOXWOOD LAY SANTA CLARITA CA 91390-4	1155	Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Court	eady filed a proof of claim w or BMC you do not need to	o file agaın
Creditor Telephone Number ()	4-1-1	court	THIS SPAC	E IS FOR COURT USE	ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace of this claim amen	a previously	filed claim dated	·
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted princip	al
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (fill out below)	Other claims again	
Services performed Taxes		r digits of your SS#		(not for loan balanc	es)
Money loaned ☐ Other (describe briefly) SEE EXHIBIT A	Unpaid	compensation for services per	formed from	to	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (dat	(e)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha				he time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ 14 138,6 Check this box if a) there is no collateral or lien securing your claim or b)	vour claim	Check this box if yo	our claim is secui	red by collateral (includir	ng
exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right of setoff)			
UNSECURED PRIORITY CLAIM		Brief description of	_		
Check this box if you have an unsecured claim all or part of which is		Real Estate		Other	
entitled to priority		Value of Collateral	\$		
Amount entitled to priority \$		Amount of arrearage ar secured claim if any		at time case filed include	ded in
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Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family of			
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Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable para * Amounts are subject to adjus			
		with respect to cases commen			
5 TOTAL AMOUNT OF CLAIM \$ 141, 138 69 \$	141, 1	38.64 \$		\$ 141,138,6	9
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Attach itei	(priority) mized statement o	(Total) of all interest or additional o	charges
6 CREDITS The amount of all payments on this claim has been created					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doctors</u> running accounts contracts court judgments mortgages security at DOCUMENTS If the documents are not available explain. If the	agreement	ts and evidence of perfection	of Iren DO NO	oices itemized statement T SEND ORIGINAL	nts of
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The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or covernmental units).	, prevaili	ng Pacific time on Novembe	er 13, 2006	THIS SPACE FOR (USE ONLY	COURT
governmental units) BY MAIL TO BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO			
Attn USACM Claims Docketing Center	Attn USA	oup ACM Claims Docketing Center	r		
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue do CA 90245			2 200
DATE SIGN and print the name and title if any of the	e creditor o			FILED JAN 1	A LUU
thus Claim (attach copy of power of attorn	ney of any)	1/1			
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Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impresentent for up to 5 years or both 18 U S C §§ 152 AND 3571

USA CMC 1072502170

IOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense insing after the commencement of the case A "request" for payment of an idministrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address:	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	
THE PHILIP HIGERD FAMILY TRUST DATED 5-30-03 C/O PHILIP C HIGERD TRUSTEE PO BOX 2535	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
MAMMOTH LAKES CA 93546-2535	differs from the address on the envelope sent to you by the court.	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
ast four digits of account or other number by which creditor identifies debtor		THIS SPACE IS TOR COOK! OSE SILE!
ast four digits of account of other fidthber by which creditor identifies deptor	Check here replace or or amen	a previously filed claim dated
BASIS FOR CLAIM Retiree	benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Wages,	salaries and compensation (
Last iou	r digits of your SS # compensation for services per	•
	OURT JUDGMENT, DATE O	
CLASSIFICATION OF CLAIM, Check the appropriate box or boxes that best describes a reverse side for important explanations.	ibe your claim and state the amoi	
UNSECURED NONPRIORITY CLAIM \$ 250,000, plus interes	SECURED CLAIM	
exceeds the value of the property securing it, or if c) none or only part of your claim is	Check this box if you a right of setoff)	our claim is secured by collateral (including
entitled to priority	Brief description of	collateral
JNSECURED PRIORITY CLAIM	Real Estate	Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	\$
Amount entitled to priority \$		nd other charges <u>at time case filed</u> included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	<u>, L</u>	
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family o	ard purchase lease or rental of property or r household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4).	· · · · · · · · · · · · · · · · · · ·	vernmental units - 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjus	stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
TOTAL AMOUNT OF CLAIM \$ 250,000,00 \$	\$	\$ 250,000.00
AT TIME CASE FILED	secured)	(priority) (Total)
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach iter	mized statement of all interest or additional charges
 CREDITS The amount of all payments on this claim has been credited and of SUPPORTING DOCUMENTS. <u>Attach copies of supporting documents</u>, so running accounts contracts court judgments, mortgages security agreement 	uch as promissory notes pure	chase orders invoices, itemized statements of
DOCUMENTS If the documents are not available, explain If the documents DATE-STAMPED COPY To receive an acknowledgment of the filing of y	are voluminous, attach a sur	nmary
proof of claim		
The original of this completed proof of claim form must be sent by mail of ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing for each person or entity (including individuals, partnerships, corporation).	ig Pacific time, on Novembe	er 13, 2006 USE ONLY
BMC Group BMC Gro	7	1
P O Box 911 1330 Eas	ACM Claims Docketing Center It Franklin Avenue do, CA 90245	FILED DEC 0 8 2006
DATE SIGN and print the name and title if any of the creditor of		
12-6-06 this claim (attach copy of power of attorney if any)	Higend truste.	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	5 years or both 18 USC §§ 1	152 AND 3571 1072501633

UNITED STATES BANKRUPTCY COURT PROBERIES OF NEVADA	OOF OF CLAIM
Name of Debtor Case N	umber ⁻
USA Commercial Mortgage Co. 06	-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are
ansing after the commencement of the case. A "request" for payment of an	aware that anyone else has
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address	statement giving particulars
Dennis RAGGI	Check box if you have never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
60 Box 10472	BMC Group in this case. SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
Zernya Cove, Wevada 89448-2475	differs from the address on the envelope sent to you by the court
Creditor Telephone Number () 775 901 1357 Last four digits of account or other number by which creditor identifies debtor	THIS SPACE IS FOR COURT USE ONLY
	Check here replaces or a previously filed claim dated amends
1 BASIS FOR CLAIM Returee Goods sold Personal injury/wrongful death	benefits as defined in 11 U S C § 1114(a) III Unremitted principal
Services performed Taxes Wages,	salanes and compensation (fill out below) Other claims against service (not for loan balances)
☐ Money loaned ☐ Other (describe briefly) Unpaid	compensation for services performed from to
	(date) (date) COURT JUDGMENT, DATE OBTAINED
60 30 CV	ribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations.	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is	a nght of setoff)
entitled to priority UNSECURED PRIORITY CLAIM	Bnef description of collateral
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Motor Vehicle Other Value of Collateral \$
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any: \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward purchase lease, or rental of property or
Wages salaries, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use -11 U.S.C. § 507(a)(7)
business, whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ 100 6: 54 \$	with respect to cases commenced on or after the date of adjustment
AT TIME CASE FILED 10 15 15 15 15 15 15 15 15 15 15 15 15 15	\$\$ 10451.74 secured) (priority) (Total)
	secured) (priority) (Total) amount of the claim Attach itemized statement of all interest or additional charges.
6 CREDITS The amount of all payments on this claim has been credited and of	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , si running accounts, contracts, court judgments, mortgages security agreement	uch as promissory notes, purchase orders invoices itemized statements of said evidence of perfection of lien. DO NOT SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the documents 8 DATE-STAMPED COPY To receive an acknowledgment of the filling of y proof of claim	
The original of this completed proof of claim form must be sent by mail (ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing	g Pacific time, on November 13, 2006
for each person or entity (including individuals, partnerships, corporatio governmental units)	ns, joinf ventures trusts and
Language was '	OR OVERNIGHT DELIVERY TO
Attn USACM Claims Docketing Center Attn USA	CM Claims Docketing Center
	Franklin Avenue FILED JAN 0 8 2007 to CA 90245
DATE SIGN and phint the name and title, if any of the creditor of	
this claim (attach copy of power of attorney if any).	24661
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	L USA CMC
, , , , , , , , , , , , , , , , , , ,	1072501878

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FORM B10 (Official Form 10) (10/05)

FORM DIO (Omciai ronni 10) (10/05)				****	
United States Bankruptcy Court	Dr	STRICT	OF <u>Neva</u>	da	PROOF OF CLAIM
Name of Debtor	Case	Number			- FROOF OF CLAIM
USA Commercial Mostance Company	1		1073	5-LBR	
	military and the second		سيخبر سياح		
NOTF This form should not be used to make a claim for an admini of the case. A request" for payment of an administrative expense ma	strative exp sv he filed	pense ams nursuant	ing after in to 11 U.S.	e commencemen С 6503	1
The same of the payment of the desired of person in	., oco.	postonik		C. 3 505	
Name of Creditor (The person or other entity to whom the				vare that anyone	
debtor owes money or property)				claim relating to	P
Dennis Racci, a massied man dealing		ng partici		y of statement	•
Name and address where notices should be sent				never received ai	av I
1				iptcy court in the	
Dennis RAGGI	Case				
PO Box 10475, ZEBNY& COUR, NV 89448	1 toward			s differs from the sent to you by	
Telephone number 775- 901-1357)	court.	c cavetope	Scir to you by	THIS SPACE IS HAR COURT USE ONLY
Last four digits of account or other number by which creditor	Che	ck here	X replace	:5	10.06.1
identifies debtor	T .	us claım	amend	s a previously	filed claim dated 12-29-06
1 Rasis for Claim		Đ			n II U S C. § 1114(a)
Goods sold		Second .			nsation (fill out below)
Services performed				gits of your SS	
Money loaned					ervices performed
Personal injury/wrongful death		fr	om		to
Taxes See Exhibit A		••	· · · · · · · · · · · · · · · · · · ·	(date)	(date)
2. Date debt was incurred	3.	If cou	rt judgme	nt, date obtain	ed:
COOS SIBMINOU					
4 Classification of Claim Check the appropriate box or boxes th	at best des	cnbe you	ır claum and	d state the amou	int of the claim at the time case filed
See reverse side for important explanations		Secur	ed Claim	ŀ	
Unsecured Nonpriority Claim \$ 2,442,034 35		X	Charle this	han of some almo	a se consend his collection for about an
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c):	r claim, or	a righ	t of setoff)	box ii youi cian	m is secured by collateral (including
only part of your claim is entitled to priority	none or	#	DC D		
		1 6	Real Es	ription of Collat	(many
Unsecured Priority Claim		K	<u> </u>	LI	or Vehicle Other———
Check this box if you have an unsecured claim all or part of we entitled to priority	vhich is	l	Value of C		
•		Amou	nt of arrear	rage and other cl	narges at time case filed included in
Amount entitled to priority \$		secure	d claim if	any \$ 36,8	1482
Specify the priority of the claim	П	Up to \$2	.225* of d	eposits toward i	ourchase, lease, or rental of property
Domestic support ablestance and 11 11 0 0 1 5000 Miles	لــا	or service	es for pers	onal family, or	household use - 11 U.S C
Domestic support obligations under 11 U S C \ 507(a)(1)(A) o (a)(1)(B)	r	§ 507(a)	(7)		
Wages salaries, or commissions (up to \$10 000),* earned within	니	Taxes or	penalties o	owed to governm	nental units - 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debti business, whichever is earlier - 11 U S C § 507(a)(4)	or's	Other - S	Specify app	olicable paragraj	ph of II USC § 507(a)()
Dusiness, whichever is earlier - 11 USC § 507(a)(4)	,	nounts ar	e subject to	adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. § 507(a)		with resp	ect to case	es commenced o	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		2,4421	34350	442,03435	2,442,034 35
garing .	-	(UNSCOUR	rd)	(secured)	(mmoratu) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges.	ition to the	principa	il amount d	of the claim Att	ach itemized statement of all
	amaint d	ال د ام الس	- 1 C - 1		
 Credits: The amount of all payments on this claim has been making this proof of claim 	credited a	na aeauc	wa for the	purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume	meter promb -				
orders invoices, itemized statements of running accounts, contra-	rus, such (etc. court :	aquaes. Spromis	SOFY HOTES,	, purchase	
agreements, and evidence of perfection of lien DO NOT SENI	D ORIGIN	AL DO	CUMENT	S If the	
documents are not available explain. If the documents are volun	ninous, att	ach a sun	nmary		
8. Date-Stamped Copy: To receive an acknowledgment of the file	ing of you	r claım, e	nclose a st	amped, self-	. and 1 2 200/
addressed envelope and copy of this proof of claim				בו	ED JAN 1 2 2007
Date Signand print the name and title, if any, of the	ne creditor	or other	person aut	horized to	100-
18/2007	ney, if any)			
1/20 V/50/		tinamuur et ikus			1101.01.0
* 1 1					LISA CMC

FORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court	District of Nevada	
		PROOF OF CLAIM
Name of Debtor USA COMMERCIAL	Case Number	
MORTGAGE COMPONY	010-10725-LBR	-
NOTE This form should not be used to make a claim for an administ of the ease. A request for payment of an administrative expense may	trative expense arising after the commencement	
of the case of request for payment of an auministrative expense may	- 00 man baranam to 1, 0,00 d 1,00	4
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone else has filed a proof of claim relating to	
Trustee of the Richard on Dalor	your claim Attach copy of statement	
dublor own money or property) KIENARD M RAKER Trustee of the Richard M RAKER 110109 trust dated 3-18-98	giving particulars	
Name and address where nouces should be sent	Check box if you have never received any notices from the bankruptcy court in this	
Name and address where notices should be sent RICHARD RAKER	case	
982 Shoreline Drive ayyou	Check box if the address differs from the	
Tulephone number 1050-377-0760	address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	LICA An I-l
identifies debtor	if this claim amends a previously file	d claim dated USA (Aprile)
1 Basis for Claim	Retiree benefits as defined in I	
Goods sold	Wages salaries and compensal Last four digits of your SS #	
Services performed Money loaned	Unpaid compensation for servi	
Personal injury/wrongful death	· · ·	0
Taxes Seo InthibiTA	(date)	(date)
	3 If court judgment, date obtained	
2 Date debt was incurred CARCOROLOS	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that	at best describe your claim and state the amount	of the claim at the time case filed
See reverse side for important explanations	Secured Claim	
Unsecured Nonpriority Claim \$ 202, 420,	Check this box if your claim is	s secured by collateral (including
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it of if c) in	claim or a right of setoff)	
only part of your claim is entitled to priority	Brief Description of Collatera	l
Unsecured Priority Claim	Real Estate Motor	
Check this box if you have an unsecured claim ail or part of w	high is Value of Collateral \$ UC	Known
entified to priority	Amount of arrearage and other char	ges at time case filed included in
Amount entitled to priority \$	secured claim if any \$2926	113
Specify the priority of the claim	Up to \$2 225* of deposits toward pur	chase, lease or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A) or	or services for personal family or how \$ 507(a)(7)	usenoid use TI U S C
(a)(1)(B)	Taxes or penalties owed to governmen	ntal units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 USC \$507(a)(4)	Other - Specify applicable paragraph	of 11 USC § 507(a)()
business whichever is earlier 11 USC \$ 507(a)(4)		1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C \(\(\) 507(a)	with respect to cases commenced on o	or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$262,420,15262,4201	5 262,420,15
Check this box if claim includes interest or other charges in add		priority) (Total) hitemized statement of all
interest or additional charges		
6 Credits The amount of all payments on this claim has been	credited and deducted for the purpose of	THIS SLACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents Attach copies of supporting documents	ents such as promissory notes purchase	
orders invoices itemized statements of running accounts contra		
agreements and evidence of perfection of lien DO NOT SFNI	D ORIGINAL DOCUMENTS If the	
documents are not available explain If the documents are voluments	-	
8 Date-Stamped Copy To receive an acknowledgment of the fil addressed envelope and copy of this proof of claim	ing of your claim, enclose a stamped, self-	LED JAN 1 2 2007
Date Sign and print the name and title if any of the	he creditor or other person authorized to	
1/8/07 The this clarm (attack copy of power of attorn	ncy if any) RICHARD KOIFEL	
	S/ce	USA CMC
		-
Penalty for p esenting fraudulent claim. Fine of up to \$500,000 or	imprisonment for up to 5 years or both 18 U S i	TU/2502180

United States Bankruptty Court	Dis	TRICT	OF Nevada	PROOF OF CLAIM	
Name of Dahar USA Commercial Mortgage Company	Case	Case Number 08-10725-LBR		PROOF OF CLAIM	
NOTS. This form should not be used to make a claim for an administrative expense of the case. A natural for payment of an administrative expense of	istrative asp by Sa Field ;	one del Pursund	ing after the commencements to 11 U.S.C. § 503	11	
Name of Creditor (The person of other entity to whom the debies of Change Barth Custodian for RICHARD W GILMOUR, IRA	Bjáli John apra	hay filod claim, g partic	you are aware that anyons a proof of cleins relating a August copy of statement situs. You have never received a	•	
Richard W Gilmour PO Box 1241 Cameno Island, WA 98292-1241	Char	k box if	the bankruptcy court in the the address differs from the emvelope sent to you by		
Telephone number 380-387-9807 Law four digits of account or what number by which creditor identifies debtor 7502	Ches	ourt s here s claim	replaces	This South is the Count Let (by a	
1. Bests for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A		R W	gares benefits at defined lags palaries, and composit four digits of your SS spaid composition for a composition for a composition (date)	m 11 U.S.C. § 1114(a) nisatron (fiji out bulow)	
2. Date debt was incurred; 03/21/08	3.	II soc	rs judgment, date abtels	क ्ष्यं इ	
Unsecured Numeriority Claim s 150.897,20 Check this box if 2) there is no colleteral or lien securing you be your claim execces the value of the property securing it, or if e) only part of your slaim is created to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of a pixiled in priority	tions or	a right	of mooffs Brief Description of Collai Real Entare Moor Value of Collagaral S_1	or Veltrade Other	
Amount cathled to priority \$		FOCISTO	delam, if emy \$ 897.	26	
Specify the princey of the childs. Doministic support obligations in dec 11 U.S.C. is SURER (NA) of \$1(1)(B).		3077(a) 3 201410 3 201410	es for personal, family, or	purchase, issue, or rental of property household use II U.S.C	
Wages, salance, or commissions (up to \$10,000)," earned within lays before filling of the hankrupicy petition or commission of the debusiness whichever is earlier - 11 U S C § 50°(a)(4)	180	Other - 3	becily applicable paragrap	popul units = 11 U.S.C. § 507(a)(8), ph of 11 U.S.C. § 507(a)() 41.107 and every 3 years thereafter	
Contributions to an employee benefit plan. II U.S.C. 4 507(a.				a or ofter the date of adjustment.	
5. Total Amount of Chain at Three Case Filed	_	160.69 (umbuzu princips	(heaved)	160,697.26 (priority) (Total) ach itemized statement of all	
County russ dow it cremit increment inteless of direc custoes in Figu					
Check this box if claim includes interest or other charges in add interest or additional charges. Credets The amount of all payments on this claim has been	credited an	d Ceduc	ien for the numbers of		
i. Credits The amount of all payments on this cialm has been making this proof of claim. Supporting Documents Attach copies of supporting docume orders invoices, stemsted statements of running eccounts course.	enis, such di ces, court ju	dgmare dgmare	kary notes, purchase marte about security	THE SPORTS ION COUNT USE ONLY	
increase of nonnormal changes. Credets The amount of all payments on this cialm has been making this proof of claim. Supporting Documents Attach copies of supporting docume orders invoices, stemated statements of running accounts contral agreements, and evidence of perfection of liam. DO NOT 3ENI documents are not available, explain if the documents are not available.	pals, such as ces, colorcia D ORIGIN, ninois, atta ing of your	i promis idgment AL DOC ch a sun oleim, o	skry notes, purchase is marigages, security CUMENTS If the innery relose a stamped, self-	FILED JAN 1	0 20
i. Credets The amount of all payments on this cialm has been making this proof of claim. Supporting Documents. Attach copies of supporting docume orders. Invoces, stemsted statements of running eccounts contral agreements, and evidence of perfection of liam. DO NOT SEN documents are not available, explain. If the documents are your Date-Staraped Copy. To receive an acknowledgment of the fi	pris, such as ces, court; p D ORICIN, ninous, aus ing of your he crassion (ney, if any)	promusidgment AL DOX th a sun claim, o	skry notes, purchase is marigages, security CUMENTS If the innery relose a stamped, self-		0 20

PAGE 02

Case 06-10/25-gwz Doc 885/-3	<u>Entered 08/07/11 14:1</u>	13:04 Page 10 of 12
	PROOF OF CLAIM	
Name of Debtor	ase Number	
USA Commercial Mortgage Company	06-10725-LBR	
OSA Commercial Hortgage Company	00-10/23-LBR	
NOTE See Reverse for List of Debtors and Case Numbers	\	
This form should not be used to make a claim for an administrative expension		
arising after the commencement of the case. A "request" for payment of a administrative expense may be filed pursuant to 11 U.S.C. § 503	filed a proof of claim relating	
Name of Creditor and Address	to your claim Attach copy of	
THE RESERVE AND DESIGNATION OF THE PARTY AND	statement giving particulars	
11321241001355	Check box if you have	
SANTORO FAMILY TRUST U/T/D 4/29/02	never received any notices	
C/O NICHOLAS J SANTORO AND JUANITA SANTORO TRUSTEES	from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
2312 PEARL CREST ST	i	ONE OF THE DEBTORS
LAS VEGAS NV 89134-6732	Check box if this address differs from the address on the	If you have already filed a proof of claim with the
	envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (702 791-0308	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies deb	tor Check here replace	es
6645	Check here replace or if this claim ameni	a previously filed claim dated
1 BASIS FOR CLAIM	tetiree benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	Vages salaries and compensation (f	ill out below)
I I Seruces performed I I Toyon	ast four digits of your SS #	ill out below)
Manage langer	Inpaid compensation for services per	formed from
	трана сентрановион на сентосо ре-	(date) (date)
2 DATE DEBT WAS INCURRED 6/05 to 3/06	3 IF COURT JUDGMENT, DATE O	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that be		
See reverse side for important explanations		and of the siam at the time dade med
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) you	ii Ciaiiii	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your centitled to priority		
UNSECURED PRIORITY CLAIM	Brief description of	_
Check this box if you have an unsecured claim all or part of which is	🛛 Real Estate	Motor Vehicle
entitled to priority	Value of Collateral	\$Unknown
Amount entitled to priority \$	Amount of arrearage an	d other charges at time case filed included in
Specify the priority of the claim	secured claim, if any	Unknown
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		
	Up to \$2 225* of deposits towa	rd purchase lease or rental of property or r household use -11 U S C § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		
business whichever is earlier 11 USC § 507(a)(4)		vernmental units - 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		graph of 11 U S C § 507(a) ()
	with respect to cases commend	tment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ Unknown \$ 300	0,000 00 \$ Unkno	
AT TIME CASE FILED (unsecured)	(secured)	(pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the p		. ,
6 CREDITS The amount of all payments on this claim has been credited	d and deducted for the purpose of ma	aking this proof of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting docume		
running accounts contracts count judgments, mortgages security agree	ements and evidence of perfection	of Iren DO NOT SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the docu	uments are voluminous, attach a sum	nmary
8 DATE-STAMPED COPY To receive an acknowledgment of the fil proof of claim	ing of your claim enclose a stamped	self-addressed envelope and copy of this
<u></u>		
The original of this completed proof of claim form must be sent by	mail or hand delivered (FAXES No	OT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, pi for each person or entity (including individuals, partnerships, core	revailing Pacific time, on Novembe	r 13, 2006 USE ONLY
governmental units)	orations, joint ventures, trusts an	a
BY MAIL TO BY BMC Group BM	HAND OR OVERNIGHT DELIVERY TO ACC Group	
Attn USACM Claims Docketing Center Att	in USACM Claims Docketing Center	
P O Box 911	30 East Franklin Avenue	HILED NOV 1 5 2006
	Segundo, CA 90245	f. 2 grown graze and
DATE SIGN and print the name and title if any of the cr this claim (attach copy of power of attorney.	editor or other person authorized to file	USA CMC
inis ciaim (attach copy of power or ettorney)	tim, Trustel) 1 1 1 1 1 1 1 1 1
11111		1072501472

Penalty for presenting fraudulent claim is a fine of the \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Case 06-10725-gwz Doc 8857-3 Entered 08/07/11 14:13:04 Page 11 of 12 FORM B10 (Official Form 10) (10/05) DISTRICT OF Nevada PROOF OF CLAIM UNITED STATES BANKRUPTCY COURT Case Number Name of Debtor 06-10725-LBR COMMERCIAL MORTHAGE (O USA NOTF This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC & 503 Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to dubtor owes money or property)

APTH-UR F & LYAA S SCHAFFER TRUSTED

OF THE SCHAFFER LIVING TRUST DATED

10/24/91 your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this Name and address where notices should be sent ARTHUR TOHA TEER ARTHUR TOHA PZER ZOISS NE 38 TO, #1604 Check box if the address differs from the address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY AVENTURA, FL 33180 the court. Telephone number 305-932 8035 replaces Last four digits of account or other number by which creditor Check here amends a previously filed claim dated if this claim 0983 identifies debtor Retiree benefits as defined in 11 USC § 1114(a) Basis for Claim Wages salaries and compensation (fill out below) Last four digits of your SS # Goods sold Unpaid compensation for services performed Services performed Money loaned Personal injury/wrongful death (date) (date) SEE EXHIBIT Other If court judgment, date obtained Date debt was incurred 2214 JUNE. 4. Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed Secured Claim See reverse side for important explanations Unsecured Nonpriority Claim \$1,774 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority a right of setoff) Brief Description of Collateral Real Estate | Motor Vehicle Other Unsecured Priority Claim Value of Collateral \$ UNKILLE Check this box if you have an unsecured claim all or part of which is Amount of arrearage and other charges at time case filed included in entitled to priority secured claim, if any \$ 27,232, 33 Amount entitled to priority \$_ Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C Specify the priority of the claim Domestic support obligations under 11 USC § 507(a)(1)(A) or § 507(a)(7) Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) Wages, salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 U S C § 507(a)(4) Other - Specify applicable paragraph of 11 USC § 507(a)(_ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 USC § 507(a)(5) 774903.40 \$1,774,963 40 1,774,963 40 Total Amount of Claim at Time Case Filed (Total) (priority) (secured) (unsecured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY Credits

7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary

8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.

Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).

Trustee

making this proof of claim

USA CMC

.Case 06-10725-awz Doc 885	57-3	Entered 08/07/11 1	<u>4:13:04 </u>	Page 12 of 12
UNITED STATES BANKRUPTO Y COURT EXSTRICT OF NEVADA		OF OF CLAIM		. age 11 or 11
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-10	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expension of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
		Check box if you have		
11 CEDAR LN		never received any notices from the bankruptcy court or		HIS PROOF OF CLAIM FOR A
SANDS POINT NY 11050-1334		BMC Group in this case	SECURED INTE	REST IN A BORROWER THAT IS NOT EBTORS
(917) 326-5523		Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Coul	lready filed a proof of claim with the rt or BMC you do not need to file again
Creditor Telephone Number ()		court	THIS SPA	CE IS FOR COURT USE ONLY
ast four digits of account or other number by which creditor identifies d	ebtor	Check here replace or amen	a previousi	ly filed claim dated
BASIS FOR CLAIM	Retiree be	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages s	alanes and compensation (fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)
Money loaned Under (describe briefly)	Unpaid co	ompensation for services per	rformed from	(date) to (date)
DATE DEBT WAS INCURRED August 2005	3 IF CC	OURT JUDGMENT, DATE O	BTAINED	
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	pe your claim and state the amor	unt of the claim at	the time case filed
See reve se side for important explanations JNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) y	our claim	1 1124	our claim is secu	ured by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ur claim is	a nght of setoff)		
NSECURED PRIORITY CLAIM		Bnef description of		
Check this box if you have an unsecured claim all or part of which is		****Real Estate		
entitled to pnority		Value of Collateral	·	than \$100,000
Amount entitled to priority \$		Amount of arrearage ar secured claim if any	nd other charge:	s at time case filed included in
Specify the priority of the claim 7 Paragets support abhantage under 11 U.S.C. 8 507(5)(4)(4) or (6)(4)(9)	_			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days	L	Up to \$2 225* of deposits toward services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go	vernmental units -	11 U S C § 507(a)(8)
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable para	agraph of 11 U S	C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
TOTAL AMOUNT OF CLAIM \$ \$	100,000			\$ 100,000
AT TIME CASE FILED (unsecured)		ecured)	(priority)	(Total)
] Check this box if claim includes interest or other charges in addition to the	e principal a	mount of the claim Attach iter	mized statement	of all interest or additional charges
CREDITS The amount of all payments on this claim has been cred	ited and de	educted for the purpose of m	aking this proof	f of claim
SUPPORTING DOCUMENTS Attach copies of supporting documents	<i>ments,</i> su	ch as promissory notes pure	hase orders in	voices itemized statements of
running accounts contracts court judgments mortgages security at DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain.				DI SEND ORIGINAL
DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of yo	our claim enclose a stamped	d self-addresse	d envelope and copy of this
The original of this completed proof of claim form must be sent	by mail o	r hand delivered (FAXES N	ОТ	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals partnerships, or				USE ONLY
governmental units)	•	,		50 11511 4 2 2222
BMC Group	BMC Grou		•	FILED NOV 1 3 2006
		CM Claims Docketing Center Franklin Avenue	r	
		p CA 90245		USA CMC
TE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or	other person authorized to file		
11/8/06 Todd Sinett	7.000			1072501386
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